**2025 Sulphur Springs, AR Farmers Market Vendor Application**

Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What kind of participation are you applying for?

\_\_\_ Full-time, weekly (May 3 - October 25, $250)

\_\_\_ Full-time, bi-weekly (May 3 - October 25, $130)

\_\_\_ Session 1 only, weekly (May 3 - July 26, $130)

\_\_\_ Session 1 only, bi-weekly (May 3 - July 26, $70)

\_\_\_ Session 2 only, weekly (August 2 – October 25, $130)

\_\_\_ Session 2 only, bi-weekly (August 2 – October 25, $70)

\_\_\_ Drop-in. Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($15 per market)

What kind of vendor are you/what are you selling? Please be as specific as possible. Unlisted items may require approval by the market manager prior to sale.

Do you grow, hand-make, cook, or bake your products? Note: Items sold at the Sulphur Springs Farmers Market must be homegrown and/or handmade. No resale allowed without written permission from the market manager.

Who else might sell for you at the market?

Which county is your business based out of?

Does your business require access to electricity? (Please note that access to electricity is not guaranteed)

**Please initial next to the following statements:**

\_\_\_\_\_ I acknowledge that vendors are required to follow all market guidelines and all local, state, and federal laws governing sales of market goods.

\_\_\_\_\_ I acknowledge that my vendor booth must stay open during all market hours during weeks when I am in attendance to ensure customer safety and satisfaction.

\_\_\_\_\_ I acknowledge that booth fees must be paid in full by cash (exact change) or check prior to the start of each market that I am participating in.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_